

## VDH STD CONFIDENTIAL HEALTH HISTORY

Please answer all questions to help us serve you better.

DO NOT WRITE BELOW THIS LINE.

Reviewer's Notes

1. Why did you come to the clinic today?  
☐ I have \_\_\_\_\_  
☐ I want a STD check-up.  
☐ Someone told me to come. Who? \_\_\_\_\_  
☐ I had sex with someone who has  
     ☐ Gonorrhea (GC, Clap)                      ☐ Chlamydia  
     ☐ Syphilis    ☐ Trichomonas  
     ☐ HIV/AIDS                      ☐ Other What? \_\_\_\_\_
  2. Please check all the symptoms you have:  
☐ None                      ☐ Rash                      ☐ Discharge  
☐ Burning with urination    ☐ Abdominal pain    ☐ Sore, Cut, Bump  
☐ Other What? \_\_\_\_\_
  3. Are you taking any medicines? No ☐ Yes ☐ What: \_\_\_\_\_
  4. Are you allergic to any medicines? No ☐ Yes ☐ What: \_\_\_\_\_
  5. List any problems your partner (s) has now: \_\_\_\_\_  
 \_\_\_\_\_
  6. How many persons have you had sex with in the last 30 days? \_\_\_\_\_
  7. When was the last time you had sex with anyone? \_\_\_\_\_
  8. Check all the infections you have had in the past:  
☐ Syphilis                      ☐ Trichomonas                      ☐ Pelvic infection  
☐ Gonorrhea                      ☐ Chlamydia                      ☐ Warts  
☐ Herpes                      ☐ HIV                      ☐ AIDS  
☐ other - What? \_\_\_\_\_
  9. What kinds of sex have you ever had?  
☐ Penis to vagina    ☐ Penis to rectum    ☐ Vagina to vagina  
☐ Mouth to penis    ☐ Mouth to vagina
  10. How often do you drink wine, beer, or liquor? \_\_\_\_\_ How much? \_\_\_\_\_
  11. How often do you use street drugs? \_\_\_\_\_
  12. What street drugs do you use? \_\_\_\_\_
  13. What do you do to keep from getting AIDS? \_\_\_\_\_
- FOR WOMEN ONLY:**
14. What was the first day of your last period? \_\_\_\_\_
  15. Was it a normal period for you? No ☐ Yes ☐
  16. Are your periods regular? No ☐ Yes ☐
  17. Do you think you are pregnant? No ☐ Yes ☐
  18. What do you do to keep from getting pregnant? \_\_\_\_\_

DATE                      REVIEWER

\_\_\_\_\_  
 \_\_\_\_\_

NAME  
 ID#